

ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES
QUESTIONS & ANSWERS REGARDING RFP # 1217VF: PARENT TRAINING

Questions submitted at the Bidder's Conference on June 11, 2012 AND submitted directly to ECDSS.

QUESTION		ANSWER
1.	Can providers offer services to either foster parents or parents at risk of having their child removed from the home, or do they serve both?	Services are offered to both of these populations.
2.	Can the group (class) consist of both DSS-referred parents, and other parents from the community?	Yes, but ECDSS will only pay for the services provided to the ECDSS-referred parents.
3.	The RFP mentions group workshops as well as 1:1 training. Is the 1:1 component new?	Yes. Program Directors identified a need for 1:1 parent training for focused interventions and to observe how training translates into behavioral changes.
4.	Is this 1:1 parent training in addition to other preventive services the family may be receiving?	Yes. 1:1 training would be beneficial to focus on specific skills and goals.
5.	Do you have specific, evidence-based models in mind?	We give preference to Proposers that specify evidence and research-based models that through experience, have been successful with this population and which the Proposer intends to use in the delivery of this service.
6.	How many providers will be chosen?	It is likely that more than one will be awarded.
7.	Can you explain the "Self-Monitoring" plan?	Proposers should outline their plan for monitoring how the service is provided and the related outcomes, as well as adherence to regulatory compliance. This is similar to an agency Quality Improvement plan.
8.	Will this be a 3 year award?	Yes, but it requires annual contract review and renewal.
9.	Are providers expected to provide child care, and/or transportation for families in order to access their services?	Yes, as these may be considered barriers to accessing services; providers need to address and identify cost effective solutions. These solutions must be specified and built into the unit of service costs, or included in the Budget Attachments as "OTPS" costs.
10.	Is there a maximum Unit of Service cost?	No, there is not a "hard" maximum, as it will depend on the model. We consider all the services provided, including group size, child care, etc.
11.	The RFP says the Administrative Costs may not exceed 18%. Is this correct?	No. Administrative costs may not exceed 20%. This has been corrected on the website posting.
12.	Are donated and in-kind funds required?	No but both of these will be looked upon favorably when reviewing and scoring the proposals.
13.	Can you explain "Organizational Capacity?"	"Organizational Capacity" is the agency's ability to provide the requested service. "Developing Organizational Capacity" refers to using the experience and skills gained in delivering the requested service in order to expand and improve as a flexible and comprehensive community service provider in order to meet the needs of the families.
14.	Must proposers offer both kinds of training (group sessions and 1:1) or can they offer only one of these types of parent training models?	Proposers may submit proposals for one or the other, or both kinds of Parent Training. They may also collaborate with another agency to submit a combined proposal for both models.
15.	Are the outcomes listed in bold italics on page 6 required outcomes, or suggested?	These are required outcomes.
16.	Documenting in the state CONNECTIONS system is required for this service. Is this new?	CONNECTIONS has been the sole case record system for several years. OCFS will provide access and training for CONNECTIONS, but agencies have to initiate that contact.

17.	On page 6, #9: Will you identify a specific standard evaluation tool?	The typical outcomes tracked for Parent Training are no future allegations and a timely return to home if the child has been placed. Improved parent/child relationships (i.e. communication, appropriate discipline, etc.) should be goals that are included in the individual family training plans; DSS will give preference to proposers specifying plans to evaluate whether these goals have been met.
18.	Specific outcomes are listed in this RFP; in the Intensive Preventive, only the DASHBOARD is listed. Correct?	Yes.
19.	The RFP mentions using Parent Aides to monitor visits between children and parents. Is that a requirement?	No. The use of Parent Aides is offered so that agencies may be able to minimize costs. Proposers may decide to use whatever staff is best suited to provide the service.
20.	a) Will the agency caseworker make the referral to parent training and if a client who is not receiving preventive services would like to access the agency parent training, how would the agency proceed? b) Will these clients be considered to receive “mandated preventive services,” (if eligible and referred to DSS)? c) What about parents of children in placement who are receiving supervised visitation services?	a) Referrals are to be made through the DSS Case Manager and if a client is in need of preventive services, the agency should refer that client to DSS for eligibility and intake. b) Parent training is one of the “mandated” preventive services, per regulations. c) When the goal is for the child to return to parent and supervised visits are part of that plan, these services fall under the regulations of mandated preventive services.
21.	Would mandated preventive services be reimbursed at a higher rate than a non-mandated service? Would “outreach” and “case planning” services be billed as a rate separate from the Parent Training unit of service?	The negotiated contracted rate is established between DSS and the agency. For the purpose of this RFP, case planning is considered a distinct service which is not covered in the Parent Training RFP.
22.	Regarding page 6, #5: a) Is a proposer required to address both outcomes? b) How will the information on subsequent CPS reports be available, given confidentiality? c) Is there a standard list of risk factors that the agency is to address?	a) Yes b) All CPS reports on agency foster homes require communication of this fact from DSS to the agency so that an investigation can proceed. Should there be a subsequent report on a parent receiving mandated preventive services from an agency (including parent training), the agency would be contacted by DSS as a collateral, during the investigation process. c) Safety and risk factors are identified in child welfare training that should be part of any agency training plans for workers in the child welfare system.
23.	Does the unit of service rate reflect only the direct costs of providing the service?	Unit of service rate should reflect all costs of providing the service (including the admin. costs).
24.	Are there requirements for group training sites/locations?	No specific requirements, but reviewers will be favorably responding to sites and locations that may <ul style="list-style-type: none"> • be accessible through public transportation, • accommodate a variety of clients, including the disabled, and • provide a safe, clean environment for clients.
25.	Are the identified outcomes relevant to proposals that do not provide 1:1 home based “follow-up?”	The outcomes in the RFP are the minimal requirements, and proposers may choose additional outcomes, based on their proposed service. The listed outcomes are believed to apply to any of the forms of parent training, either group or 1:1.
26.	Do all families receive both group and 1:1 services? Who determines who gets what service?	No; agency staff will work with the DSS Case Manager to determine what type of service is recommended for the specific case, based on individual situations.

27.	<p>Does this RFP allow for:</p> <ul style="list-style-type: none"> a) Assessment and monitoring only b) Group parent training only c) Both 1:1 and group training d) 1:1 only 	<ul style="list-style-type: none"> a) No b) No; 1:1 monitoring is recommended with select cases c) Yes d) No
28.	<ul style="list-style-type: none"> a) Could a family be receiving another form of preventive services, i.e. traditional, intensive, in addition to parent training? b) If the family has other forms of preventive services, would 1:1 parent training be required (since home visits, etc. are being done through other services)? c) Can parent training be referred by CPS, without other forms of preventive services being involved? 	<ul style="list-style-type: none"> a) Yes b) The family service plan should reflect the needs of the family and correlate the service to the need. If a caseworker making home visits is following up on parent training skills taught in group, this is accomplishing the objectives in the family service plan. c) The court menu often has parent training as a component of the menu which would be referred through CPS. Typically, there is more than one service recommended to deal with families who have indicated reports of abuse or neglect, hence, preventive services, of which parent training is one of them, would be recommended by CPS/Court.
29.	Re: page 5, A, bullet #2: Must the family be currently receiving preventive services in order to receive parent training?	Yes
30.	<p>Re: page 5, B, #8:</p> <ul style="list-style-type: none"> a) Are high risk families limited to 1:1 services? b) May 1:1 services be provided to “less high risk parents as well?” 	<ul style="list-style-type: none"> a) No b) Yes, but this would be consistent with the DSS CPS Worker or CS Case Manager’s determination of need for this level of service.
31.	Does DSS want the provider to define who is eligible for services based on the number of CPS reports or based on DSS discretion?	Eligibility for this service is specified in the RFP on page 5 under “target population.” Referrals will be coming from DSS.
32.	Will the provider bill for an hour, regardless of whether the service is group or 1:1 training?	Yes, in 15 minute increments.
33.	Is there a guideline about the length of service for 1:1 parent training?	The proposer should clearly specify how/when cases having 1:1 service will transition to group, or terminate from the service.
34.	RE: page 5, B #5: the question asks for clarification of “development of agreements with other agencies, schools or programs to supplement the training program.”	Agencies are expected to develop a comprehensive approach to training identified parents/caretakers in reducing risks of neglect/abuse and increasing positive interactions with their children. This may necessitate agreements with schools or other service providers to meet the needs of the family, including protocols for releases of information, etc.

Additional Notes:

1. Please note that the RFP Budget Attachment does not mirror the contract budget forms. It is simpler. Also, this year we are not asking for a Certificate of Insurance during the RFP process.
2. Also note that the amount for Administrative Expenses has changed from (not to exceed) 22% to 20%, following the lead of New York State.